# California M E D I C I N E

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# What's New and What's True of What's New In Dermatology

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Some weeks ago I was called on the telephone by a man who said in a tone that was at once demanding and irritating that he wanted to know—"Is there anything new in acne?" For some unaccountable reason, my wits did not completely desert me, as is usual in such situations, and I asked in reply, "New since when?" I must confess to feeling a warm glow at his discomfiture and loss of words. However, when later I began to sort notes for the discussion today, I, too, felt something of that man's discomfiture, for I found it most difficult to establish a base line from which to measure that which is new.

Is it news that dermatologists are becoming more and more aware of a possible association between certain fungous infections and "unrelated" systemic diseases or abnormalities? There have been reports of persons with widespread cutaneous infection due to trichophyton purpureum who were also found to have malignant lymphoblastomatous disease. Case records of several patients with chronic onychomycosis due to trichophyton purpureum reveal that in all instances the glucose tolerance curves were consistently lower than normal. There was recorded recently a case of candidiasis in a child with a disease of the pancreas. Although the number of such cases is small, there is a feeling, nevertheless, that the association might be something more than pure coincidence. Is it news that chloroquine—which is so

useful for the treatment of discoid lupus erythematosus-has also been used successfully for other diseases that are often stubbornly resistant to treatment - a heterogenous group consisting of chronic lichen planus, warts, recalcitrant eruption of palms and soles, sarcoidosis, idiopathic hemorrhagic sarcoma of Kaposi, cheilitis, localized scleroderma and lichen sclerosis et atrophicans in the erythematous stage.1 In these conditions the treatment is altogether empiric and there is still no established optimum dosage of the drug prescribed for any of these diseases. But, as in discoid lupus erythematosus, the usual procedure is to prescribe 100 mg. of chloroquine three times daily for the first week, twice daily in the second week and once daily thereafter as necessary—with precautionary examinations periodically to guard against damage especially to the hematopoietic system. We, at Northwestern University, have not yet encountered a case in which chloroquine has caused the hair to become bleached—a side effect that has been noted in the literature. Plaquenil, a new type of chloroquine drug which has not been used extensively, is said to be less toxic than chloroquine, but also less effective.

#### STEROID THERAPY

Steroid therapy continues to make news in dermatology. Systemically administered preparations of newly developed products such as metacortandralone, metacortandracin, aldosterone and haloge-

Address of guest speaker, presented before the Section on Dermatology and Syphilology at the 84th Annual Session of the California Medical Association, San Francisco, May 1-4, 1955.

# Palifornia MEDICINE

For information on preparation of manuscript, see advertising page 2

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# The A.M.A. Meeting

THE "BIGGEST MEDICAL SHOW IN THE WORLD," the American Medical Association annual meeting, took place last month in Atlantic City. Technical and scientific exhibits numbering in the hundreds taxed the time and feet of the thousands of spectators who thronged the huge Atlantic City Convention Hall.

On the business side, the House of Delegates acted on some seventy resolutions and set new policies on such important matters as osteopathic education, hospital internships, hospital accreditation and interpretation of the Principles of Medical Ethics.

Most hotly debated issue before the House was the report rendered by a committee of five eminent A.M.A. members, headed by California's John W. Cline, a past president of the A.M.A., on the question of osteopathic education. This report, prepared after months of searching inquiry, including the actual inspection of five osteopathic colleges by the committee members and the deans of three recognized medical schools, found that osteopathy as taught today no longer holds to the original concept that all bodily ills are the result of maladjustment. In fact, the committee found that not more than five to ten per cent of the osteopathic curriculum is devoted to the teaching of manipulations.

In view of the present curriculum, which follows very closely the teaching in recognized medical schools, the committee recommended that doctors of medicine be allowed to teach in the osteopathic schools and thus, for the benefit of the public, help to raise the educational standards in these schools. To make such teaching possible on an ethical basis, the committee suggested that the term "cultism" not be applied to present-day osteopathy and that the decision as to whether or not ethical physicians teach in the osteopathic schools be left up to local determination.

Permissive though this recommendation was, it was defeated through a one-man minority report on the reference committee—a report which heaped praise upon the valuable work performed by the Cline committee but relegated the report and its recommendations to the "received and filed" category. This action apparently shuts the door on further immediate steps to improve osteopathic education and toward the eventual amalgamation of this type of practice with recognized orthodox medicine.

Along the line of internship approval programs, the House of Delegates approved a report which favored the findings of the ad hoc committee on internships and urged a continuing study as to what should be the content of an internship and what constitutes sound clinical experience during the intern year. The report also urged the adoption of the "one-fourth" rule, under which any internship program which does not receive and train in any two successive years one-fourth of its stated complement of interns should be disapproved. This rule is intended to reduce the heavy demands made by some hospitals for new interns where the training offered does not attract more than a small percentage of the students sought.

In the field of hospital accreditation, the House voted to establish a new study committee, none of whose members shall be members of the Joint Commission on Accreditation or members of the Council on Medical Education and Hospitals. This committee would be empowered to study the operations of the Joint Commission and to seek reports on the manner in which its program is being carried out. Physicians and hospitals are urged to forward to this committee any observations or suggestions on the functioning of the Joint Commission on Accreditation. In theory, at least, this special committee may develop suggestions for the consideration of the members of the Joint Commission, especially

# California MEDICAL ASSOCIATION

# NOTICES & REPORTS

## **Council Meeting Minutes**

Tentative Draft: Minutes of the 412th and 413th Meetings of the Council, April 30 to May 4, 1955, Sheraton-Palace Hotel, San Francisco.

## 412th Meeting

The meeting was called to order by Chairman Lum in the California Room, Sheraton-Palace Hotel, San Francisco, at 9:30 a.m., Saturday, April 30, 1955.

## Roll Call:

Present were President Morrison, President-elect Shipman, Speaker Charnock, Vice-Speaker Bailey, Editor Wilbur and Councilors West, Wheeler, Loos, Sampson, Pearman, Randel, Ray, Sherman, Lum, Bostick, Teall, Frees, Kirchner, Reynolds, Varden and Heron.

Absent for cause, Secretary Daniels.

A quorum present and acting.

Present by invitation during all or a part of the meeting were Messrs. Hunton, Clancy, Thomas and Gillette of C.M.A. staff; legal counsel Hassard; health insurance consultant Waterson; Mr. Ben Read and Mr. Eugene Salisbury of the Public Health League of California; county society executive secretaries Scheuber of Alameda-Contra Costa, Jensen of Fresno, Geisert of Kern, Pettis of Los Angeles, Bannister of Orange, Marvin of Riverside, Foster of Sacramento, Nute of San Diego, Neick of San Francisco, Thompson of San Joaquin, Wood of San Mateo, Donovan of Santa Clara and DeVere of Stanislaus; Dr. Malcolm H. Merrill, State Director of Public Health; Dr. Joseph W. Sadusk, Jr., Dr. Francis J. Cox, Mr. K. L. Hamman, Mr. Paolini and Dr. A. E. Larsen of California Physicians' Service; Mr. Ed Colvin of Santa Clara County Medical Society; and Drs. Dan O. Kilroy, John W. Green, James C. Doyle, Russel V. Lee, C. L. Stealy, Thomas Elmendorf, Bradley C. Brownson, John W. Cline, Ian Macdonald, John R. Upton, Wayne Pollock, Donald Cass, E. C. Rosenow, Jr., R. S. Kneeshaw, S. J. McClendon, E. E. Wadsworth, Jr., and Messrs. Robert Huber of legal staff and Fred O. Field, legal counsel to the Los Angeles County Medical Association.

## 1. Minutes for Approval:

- (a) On motion duly made and seconded, minutes of the 411th Council meeting, held April 2, 1955, were approved.
- (b) On motion duly made and seconded, minutes of the 249th Executive Committee meeting, held April 13, 1955, were approved.

## 2. Membership:

- (a) A report of membership as of April 28, 1955, was received and ordered filed.
- (b) On motion duly made and seconded, 1,300 members whose dues had become delinquent but who had subsequently paid such dues, were voted reinstatement to active membership.
- (c) On motion duly made and seconded in each instance, 21 applicants were voted Associate Membership. These were:

Edward W. Wilson, Alameda-Contra Costa County; Adele R. Eiler, David C. Fainer, Sydney M. Finegold, Samuel H. Fritz, David B. Hinshaw, Albert Labin, Phil R. Manning, and Charles F. Sebastian, Los Angeles County; Harry Miller, Riverside County; Gordon Mannerstedt, Sacra-

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